

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

Volunteer at the Soup Kitchen

Wednesday - May 30, 2018

3:00 - 5:00pm

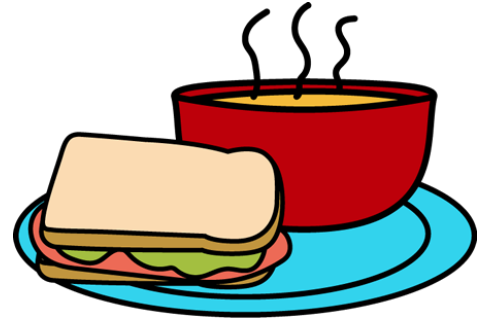
Activity Center at Bohrer Park

506 S Frederick Ave

Gaithersburg, MD 20877

Transportation provided to/from

Soup Kitchen at St. Martins



Student Union Members

(Grades 9-12)

SSL HOURS!

StudentUnion@gaitHERSBURGMD.gov

301-258-6350 (office)

301-948-8364 (fax)

506 South Frederick Avenue

Gaithersburg, MD 20877

Volunteers will help serve a three course meal to community members in need. Wear close-toed shoes and a hat or tie long hair back. After food services, students will assist with cleanup.

Space is limited! Pre-registration is required.

Please note: Students are assigned to stations & are not always under direct supervision. Volunteers must work independently & complete assigned tasks to earn SSL Hours.

Student Union Soup Kitchen - 5/30/18

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Soup Kitchen	ACBP		
			Soup Kitchen	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐

Please specify:

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ n/a _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only:

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____